

THE DIVISION OF HEALTH OF MISSOURI STANDARD CERTIFICATE OF DEATH

12562

State File No. 509431

FILED MAY 10 1955

BIRTH NO. 24185-55 REG. DIST. NO. 184 PRIMARY REG. DIST. NO. 3038 Registrar's No. 509431

1. PLACE OF DEATH a. COUNTY <u>LINN</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>MISSOURI</u> b. COUNTY <u>LINN</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>BROOKFIELD</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>BROOKFIELD</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>DOCTORS HOSPITAL</u>		d. STREET ADDRESS (If rural, give location)	

3. NAME OF DECEASED a. (First) <u>LINDA</u> b. (Middle) <u>KAY</u> c. (Last) <u>TIVENDALE</u> (Type or Print)			4. DATE OF DEATH (Month) (Day) (Year) <u>APRIL 27, 1955</u>			
5. SEX <u>F</u>	6. COLOR OR RACE <u>W</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>0</u>	8. DATE OF BIRTH <u>APR. 26, 1955</u>	9. AGE (In years last birthday)	IF UNDER 1 YEAR Months Days	IF UNDER 12 HRS. Hours Mins.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>INFANT</u>			10b. KIND OF BUSINESS OR INDUSTRY <u>—</u>		11. BIRTHPLACE (State or foreign country) <u>BROOKFIELD, MO</u>	12. CITIZEN OF WHAT COUNTRY? <u>0</u>

13a. FATHER'S NAME <u>ROBERT TIVENDALE</u>	13b. MOTHER'S MAIDEN NAME <u>JUNE CURRY</u>	14. NAME OF HUSBAND OR WIFE <u>—</u>
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>—</u>	16. SOCIAL SECURITY NO. <u>—</u>	17. INFORMANT'S SIGNATURE OR NAME <u>ROBERT TIVENDALE</u>
		ADDRESS <u>BROOKFIELD, MO</u>

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Craniocerebral Trauma</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Retained placenta</u> DUE TO (c) <u>—</u>		INTERVAL BETWEEN ONSET AND DEATH —
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. —			

19a. DATE OF OPERATION —	19b. MAJOR FINDINGS OF OPERATION —		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
21a. ACCIDENT (Specify) <u>SUICIDE</u> <u>HOMICIDE</u>	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <u>—</u>	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) —	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) —	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR? —	

22. I hereby certify that I attended the deceased from 4-26, 1955, to 4-27, 1955, that I last saw the deceased alive on 4-27, 1955, and that death occurred at 6:30 p.m., from the causes and on the date stated above.

23a. SIGNATURE <u>W. N. Potter</u>	(Degree or title) <u>2 Do.</u>	23b. ADDRESS <u>Brookfield, Mo.</u>	23c. DATE SIGNED <u>4-28-55</u>
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u>	24b. DATE <u>APR. 28, 1955</u>	24c. NAME OF CEMETERY OR CREMATORY <u>ROSE HILL CEM.</u>	24d. LOCATION (City, town, or county) (State) <u>BROOKFIELD, MO</u>
DATE REC'D BY LOCAL REG. <u>5-2-55</u>	REGISTRAR'S SIGNATURE <u>W. B. Brown</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>WRIGHT FUNERAL HOME</u>
ADDRESS <u>BROOKFIELD, MO.</u>			

(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

0

No. 300
10.48

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by.....

..... Student Embalmer No.

working under my personal supervision.

Student
Student Embalmer

Signed.....

Harold B. Wright

Licensed Embalmer No. *3718*

P. O. Address *Brookfield M.*

Note: The above **MUST BE SIGNED BY THE LICENSED EMBALMER** in his **OWN HANDWRITING**. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.